

## CLAIMS ONLY

Application Number

101697398

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
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12						
13						
14						
15						
16						
17						
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19						
20	1	1				
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45						
46						
47						
48						
49						
50						
Total Indep	3					
Total Depend	12					
Total Claims	15					

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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100						
Total Indep						
Total Depend						
Total Claims						